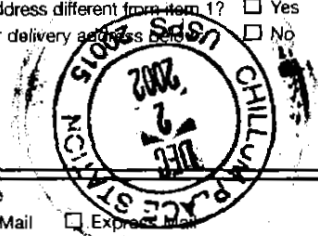


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) _____ B. Date of Delivery _____ C. Signature <u>X</u> <u>W. D. Silva</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____ 	
1. Article Addressed to: <u>11-14-02</u> *01-348 William D. Silva Law Offices of William D. Silva 5335 Wisconsin Avenue, N.W. Suite 400 Washington, DC 20015-		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes _____	
2. Article Number (Copy from service label) <u>1023 0771 2955</u> PS Form 3811, July 1999		Domestic Return Receipt 102595-00-M-0952	

DOCKET NO. 01-348
CERTIFIED
MAIL
RETURN
RECEIPT
REQUESTED

NAME: William D. Silva
Law Offices of William D. Silva
5335 Wisconsin Avenue, N.W.
Suite 400
Washington, DC 20015-

C. R. R. NO. _____

BY _____

ORDER DATED <u>11-14-02</u> DA <u>02-3173</u> FEE MIMEOGRAPH NO. _____
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7000 0600 0023 0771 2955

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To: _____	
Postage \$	<u>.60</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	<u>4.65</u>
Name (Please Print Clearly) (to be completed by mailer) <u>William D. Silva</u> Street, Apt. No., or PO Box No. <u>5335 Wisconsin Avenue, NW Suite 400</u> City, State, ZIP+4 <u>Washington, DC 20015</u> PS Form 3800, July 1999 See Reverse for Instructions	